

FAX TRANSMISSION**DATE:** August 18, 2009**PTO IDENTIFIER:** Application Number 10/529,131-Conf. #2561
Patent Number**Inventor:** John P. Maye**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP
Dwight D. Kim, Ph.D.**PHONE:** (617) 517-5588**Attorney Dkt. #:** 61843NAT(51035)**PAGES (Including Cover Sheet):** 10**CONTENTS:** Fee Transmittal Form (1 page)
Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (5 pages)
Certificate of Transmission (1 page)
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Application No. (if known): 10/529,131

Attorney Docket No.: 61843NAT(51035)

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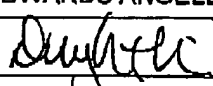
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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number		10/529,131-Conf. #2561			
		Filing Date		November 7, 2005			
		First Named Inventor		John P. Maye			
		Art Unit		1655			
		Examiner Name		M. C. Flood			
Total Number of Pages in This Submission				Attorney Docket Number		61843NAT(51035)	
ENCLOSURES (Check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover Sheet Certificate of Transmission			
		Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name		EDWARDS ANGELL PALMER & DODGE LLP					
Signature							
Printed name		Dwight B. Kim, Ph.D.					
Date		August 18, 2009		Reg. No.		57,665	

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<i>Effective on 12/08/2004.</i> FEE TRANSMITTAL For FY 2009		<i>Complete if Known</i>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/529,131-Conf. #2561
TOTAL AMOUNT OF PAYMENT		Filing Date	November 7, 2005
(\$)		First Named Inventor	John P. Maye
1,110.00		Examiner Name	M. C. Flood
		Art Unit	1655
		Attorney Docket No.	61843NAT(51035)

METHOD OF PAYMENT (check all that apply)

☐ Check
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 Deposit Account Number: 04-1105
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,110.00

SUBMITTED BY

Signature <u>Dwight D. King</u>	Registration No. (Attorney/Agent) <u>57,665</u>	Telephone <u>(617) 517-5588</u>
Name (Print/Type) <u>Dwight D. King, Ph.D.</u>	Date <u>August 18, 2009</u>	

BOS2 752044.1